

X35697

FILED JAN 14 1944

Registration District No. **256**

Primary Registration District No. **2001**

Registrar's No. **705**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 Empire
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **14 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin** (If outside city or town limits, write "RURAL")
(d) Street No. **602 Empire** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry Percy Swanson**

3. (b) If veteran, name war **World #1** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 10 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 16 hr. min.

9. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Ferrous Ill. Coopers Co.**

12. Name **No Record**

13. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Swanson**

(b) Address **602 Empire St.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-30-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Chicago Ill.**

18. (a) Signature of funeral director **Thornhill Dixon**

(b) Address **Joplin, Mo.**

19. (a) **12-28-43** (Date received local registrar) (b) **Victor S. Sushalla** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26** year **1943** hour **8:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 26 1943** to **Dec 26 1943** that I last saw him alive on **Dec 26 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis** Duration **7 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. H. Walker** (M. D. or other) _____
Address **Joplin Mo** Date signed **12-28-43**

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1204

43-12-1090

1005

561

FEB 16 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

attendant's initials

FA-86-51